



Project Title: Relationship between socioeconomic status and diabetic retinopathy in Australia		Code: SMS10
Host School / Institute: Sydney Medical School/ NHMRC Clinical Trials Centre		Address: NHMRC Clinical Trials Centre, University of Sydney, 92 - 94 Parramatta Rd, Camperdown
Certificates & Clearances required: No		
Primary Supervisor: Prof Alicia Jenkins		
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Project Type: Data Analysis; Clinical		
Project Category: Chronic Diseases/Illness; Endocrinology/Metabolism		
Skills / Attributes of a successful student: -Interest in diabetes, eye disease and the social determinants of health -Basic statistical analysis and graph making skills -Literature search and writing skills		
Project Keywords: Diabetic Retinopathy; Type 2 Diabetes ; Eye disease; Socioeconomic; Indigenous Australians		
<p>Project Description:</p> <p>People with diabetes are 25-times more likely to go blind than people without diabetes. In Australia people with diabetes have a life-time risk of losing vision of about 6%, but some groups, such as Indigenous Australians and people living in rural and remote areas are at higher risk of vision loss. Diabetes related eye damage is preventable, or its progression can be slowed by attention to risk factors (high glucose, high blood pressure, obesity, smoking, abnormal cholesterol), by the lipid drug fenofibrate, or for advanced eye disease (by laser treatment of intraocular anti-VEGF or corticosteroid injections). National recommendations for people with diabetes are for eye screening on at least an annual basis. This eye screening is usually conducted by optometrists and ophthalmologists, who are not well represented in rural and remote parts of Australia.</p> <p>There is a national database based on postcode that provides measures of education levels, social advantage and social disadvantage. We have existent data, including diabetic eye status from retinal photographs of approximately 2000 adults with Type 2 diabetes who participated in several trials and observational studies. After relevant training by the supervisors the student researcher will access de-identified study participant data, and will determine their levels of social advantage / disadvantage. The level of diabetic retinopathy, other diabetes complications and risk factors will be related to geography and social advantage / disadvantage scores. The student will undertake data analysis, review the relevant literature and prepare a manuscript, with support and training as needed from the supervisors. Conference presentations and an original research manuscript should result. Most importantly study results will inform as to areas of need for diabetic retinopathy surveillance.</p>		